

## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

05/13/2004

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: | NJD047501457

**INSTALLATION NAME:** 

**GENTEK BUILDING PRODUCTS** 

INSTALLATION ADDRESS:

11 CRAGWOOD RD AVENEL, NJ 07001

MAILING ADDRESS:

11 CRAGWOOD RD AVENEL, NJ 07001

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2** RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-3056

TO: GENTEK BUILDING PRODUCTS

or Current Occupant

ATTN: WILLIAM VALLIER

11 CRAGWOOD RD AVENEL, NJ, 07001

Wodat?

MAIL THE COMPLETED FORM TO: The Appropriate State or EPA Regional Office	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM  ACCOUNTY ACCOUNTY ACCOUNTY				
1. Reason for Submittal (see instructions on page 9) MARK ALL BOX(ES) THAT APPLY	A. Reason for Submittal:  To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).  To provide subsequent notification (to update site identification information).  As a component of a First RCRA Hazardous Waste Part A Permit Application.  As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment#).  As a component of the Hazardous Waste Report.				
2. Site EPA ID Number (page 10)	EPA ID Number: NJD047501457				
3. Site Name (page 10)	Name: Gentek Building Products				
4. Site Location	Street Address: 11 Cragwood Road				
(page 10)	City, Town, or Village: Avenel	State: NJ			
	County Name: Middlesex	Zip Code: 07001			
5. Site Land Type (Page 10)	Site Land Type: Private County District Federal Indian Municipal State Other				
6. North American Industry Classification System (NAICS)	A. 332812 B. 3329				
Code(s) for the Site (page 10)	c.	D.			
7. Site Mailing	Street or P.O. 11 Cragwood Road				
Address (page 11)	City, Town, or Village: Avenel				
	State: NJ				
	Country: UNITED STATES	Zip Code: 07001			
8. Site Contact Person (page 11)	First Name: \William	MI: E	Last Name: Vallier		
	Phone Number: 7328272338 Extension:	Email Address: bill_vallier@gentek.ca			
9. Operator Legal Owner of the Site	B. Name of Site's Operator: AMI	Date Became Operator (mm/dd/yyyy): 08/29/2003			
pages 11 and 12)	Operator Type: Private County District Federal Indian Municipal State Other				
	A. Name of Site's Legal Owner: Alexander Summers	Date Became Owner (mm/dd/yyyy): 01/01/1969			

Owner Type: Private County District Federal Indian Municipal State Other

EPA ID No: NJD047501457 Street or P. O. Box: 80 Route 4 Suite 300 9. Legal Owner (Continued) Paramus City, Town, or Village: Address State Country: **United States** 07652 10. Type of Regulated Waste Activity Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 12 to 16.) A. Hazardous Waste Activities Complete all parts for 1 through 6. Y N 2. Transporter of Hazardous Waste Y ☑ N ☐ 1. Generator of Hazardous Waste If "Yes", choose only one of the following -a, b, or c. Y D N D Treater, Storer, or Disposer of a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) Hazardouse Waste (at your site) Note: of non-acoute hazardous waste; or A hazardous waste permit is required for this activity b. SQG: 100 to 1,000 kg/mo (200 - 2,200 lbs./mo.) of non-acute hazardous waste; or Y N Recycler of Hazardous Waste (at your c. CESQG: Less than 100 kg/mo (220lbs./mo.) of non-acoute hazardous waste 5. Exempt Boiler and/or Industrial YOND Furnace If "Yes" mark each that applies. In addition, indicate other generator activities a. Small Quantity On-site Burner Exemption Y N d. United States Importer of Hazardous Waste b. Smelting, Melting, Refining Furnance Exemption Y N e. Mixed Waste (hazardous and radioactive) Generator Y N 6. Underground Injection Control B. Universal Waste Activities C. Used Oil Activities Mark all boxes that apply. YOND 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal Y N 2 1. Used Oil Transporter waste generated and/or accumulated at your site. If "Yes", If "Yes, mark each that applies. mark all boxes that apply: a. Transporter Generated Accumulated b. Transfer Facility Y N 2. Used Oil Processor and/or Re-refiner a. Batteries П If "Yes", mark each that applies. a. Processor b. Pesticides b. Re-refiner c Thermostats Y N 3. Off-Specification Used Oil Burner d. Lamps

П

Y N 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

a. Marketer Who Directs Shipment of

Off-Specification Used Oil to
Off-Specification Used Oil Burner

b. Marketer Who First Claims the
Used Oil Meets the Specifications

e. Other (specify)

f. Other (specify)

g. Other (specify) ----

Y N 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

EPA ID NO: NJD047501457

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Y			The state of the s	- FW1	VIRONMENTAL DOD	
11. Description of H	azardous Wastes(	see instructions on	page 16)		AGENCY REGION	III
		ardous Wastes. Please lis regulations (e.g., D001, D0			s handled at your site. List paces are needed.	4: 29
D001	D005	D006	D007	D008	D018	D035
D039	D040	F005			BRANCH	
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.						vastes led for
12. Comments (see i	instructions on pa	ge 17)				
13. Certification I certify under penalty of law that this document and all attatchments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the the possibility of fine and imprisonment for knowing violations.  (see instructions on page 17)						
Signature of owner, authorized repr			Name and Official Title	type or print)		Date Signed (mm-dd-yyyy)
VA MI	<b>A</b>	Rogatien Mason, Process Enginee 3/				3/31/2004
Jollen Ne	Un	William E Vallier, Tec	hnical Manag			3/3//2004



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/09/95

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Your EPA Resource Conservation and Recovery Act (RCRA). Identification Number for that installation appears in the box The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of

EPA I.D. NUMBER -> NJD047501457

FACILITY NAME -> GENTEK BUILDING PRODUCTS INC

MAILING ADDRESS -> 11 CRAGWOOD RD WOODBRIDGE, NJ 07095

INSTALLATION ADDRESS -> 11 CRAGWOOD RD WOODBRIDGE, NJ 07095

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION II 26 FEDERAL PLAZA **NEW YORK, NEW YORK 10278** 

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006 HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS

TO: VALLIER, WILLIAM TECHNICAL MGR GENTEK BUILDING PRODUCTS INC 11 CRAGWOOD RD WOODBRIDGE, NJ 07095

Please print or type with FLITE type (12 characters per inch) in the unshaded areas only Please refer to the Instructions Please reter to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



## Notification of **Regulated Waste**

GSANO 0746-684-01 Date Received ..... (For Official Use Only)

United States Environmental Protection Agency I. Installation's EPA ID Number (Mark 'X' in the appropriate box) C. Installation's EPA ID Number **B. Subsequent Notification** A. First Notification X D 4 7 5 0 1 4 5 N .T (complete item C) .. 一种的社会和社会 II. Name of Installation (include company and specific site name) U U I L D I N G R D C GEN TE K 0 В III. Location of installation (Physical address not P.O. Box or Route Number) いったいいではおからのないというできます。なってい Street G 1 1 C R W Street (continued) State ZIP Code City or Town 0 O D В RII D G E N J 0 7 0 9 5 **County Name** County Code M D D IV. Installation Mailing Address (See instructions) . 1 Street or P.O. Box C G W 0 D State ZIP Code City or Town 7 OODB D G 0 R 0 V. Installation Contact (Person to be contacted regarding waste activities at site) Name (last) (first) AL L Ε R W I LL I A M Phone Number (area code and number) Job Title TECHN CA 8 8 2 7 2 3 3 8 I 0 VI. Installation Contact Address (See instructions) A. Contact Address B. Street or P.O. Box 77 Mailing Location X X City or Town State ZIP Code VII. Ownership (See Instructions) 17 ... 2 - 41 BERNEY A. Name of Installation's Legal Owner GEN T EK U L N G P D U CT I N C. D I 0 S B Street, P.O. Box, or Route Number 1000 2 8 0 N 0 RT H R K V E NU E City or Town ZIP Code: State . WARREN 0 H 4 4 4 18 D, Change of Ownership (Date Changed) B. Land Type C. Owner Type Phone Number (area code and number) Yes X No P P 4 1 2 9 2 1 6 - 3 9 3 - 11 1 00

EPA Form 8700-12 (01-90) Previous edition is obsolete.

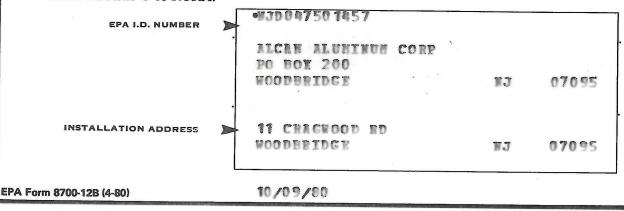
Continue on reverso

			D - For Official Use Only		
			9.4		
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)					
A. Hazardous W	aste Activity	B. 1	Used Oil Fuel Activities		
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.)  2. Transporter (Indicate Mode in boxes 1-5 b. a. For own waste only b. For commercial purposes  Mode of Transportation  1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	3. Treater, Storer, Disposer (at Note: A permit is required is this activity; see instructions 4. Hazardous Waste Fuel a. Generator Marketing to b. Other Marketers c. Burner - Indicate device Type of Combustion De 1, Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 5. Underground Injection Con	Burner	1. Off-Specification Used Oil Fuel a. Generator Marketing to Burner b. Other Markerer c: Burner - Indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boller 3. Industrial Furnace  2. Specification Used Oil Fuel Marketer (or On-eite Burner) Who First Claims the Oil Meets the Specification		
IX, Description of Regulated Westes (Use					
A. Characteristics of Nonlisted Hazardous Wiwasies your installation handles. (See 40 CF.  1. Ignitable 2. Corrosive 3. Reactive 4.  (D001): X X X X X X	R Parts 261.20 - 261.24)	ous waste numbe	cienstics of nonlisted hazardous  (s) for the EP Toxic contaminant(s))  D 0 0 8 D 0 1 8		
		<u> </u>			
B. Listed Hazardous Wastes. (See 40 CFR 261  1	3	7 D (	5		
X. Certification					
I certify under penalty of law that this do accordance with a system designed to submitted. Based on my inquiry of the pegathering the information, the informat complete. I am aware that there are signifunctions imprisonment for knowing violations.	assure that qualified personners on or persons who manage the lon submitted is, to the best of	el properly gath system, or thos I my knowledge	er and evaluate the information e e persons directly responsible for and belief, true, accurate, and		
Signature	Name and Official Title (type or p	rint) Chatairt	Date Signed		
XI. Comments  Note: Mall completed form to the appropriate		I J			
men completes form to the appropriate	regional of State Unice. (Se	a gaction in oi fu	a popular tot see		



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



SEPA	NOTIFICATION OF HAZARDOUS WASTE ACTIVITY  INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the			
INSTALLA- TION'S EPA I.D. NO.	information on the label is incorrect, draw a line through it and supply the correct information			
, NAME OF IN-	MJD047501487 in the appropriate section below. If the label is complete and correct, leave Items I, II, and III			
I. STALLATION	Below blank. If you did not receive a preprinted label, complete all items. "Installation" means a			
II. MAILING ADDRESS	FO BOX 200  WOODERIDGE, MJ 07095  single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFI-			
LOCATION III OF INSTAL- LATION	CATION before completing this form. The information requested herein is required by law WOODBRIDGE. NJ 07095 (Section 3010 of the Resource Conservation and Recovery Act).			
FOR OFFICIAL				
	COMMENTS			
C 15 16	IDATE RECEIVED			
FNJD04	75 0 1 4 5 7 3 1 14 15 16 17 - 22			
I. NAME OF INS				
30	67			
PARTICIPATION OF THE PARTICIPA	ON MAILING ADDRESS			
c	STREET OR P.O. BOX			
3 15 16	- 45			
clili	CITY OR TOWN ST. ZIP CODE			
4	40 41 42 47 - 51			
Delivering and control of the state of the s	OF INSTALLATION			
C	STREET OR ROUTE NUMBER			
5 15 16	45			
c	CITY OR TOWN ST. ZIP CODE			
6	40 41 42 47 - 51			
IV. INSTALLAT	ION CONTACT			
	NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)			
2 D A W E,	THOMASW, OPERATIONS MGR 201-381-0900			
V. OWNERSHIP	A. NAME OF INSTALLATION'S LEGAL OWNER			
8 A L C A N	ALUMINUM CORPORATION			
15 16	55			
(enter the appropr	OWNERSHIP date letter into box)  VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))  A. GENERATION  B. TRANSPORTATION (complete item VII)			
F = FEDERA M = NON-FE	56 ST			
	TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))			
-	B. RAIL C. HIGHWAY D. WATER E. OTHER (specify):			
-				
VIII. FIRST OR SUBSEQUENT NOTIFICATION  Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.				
X A. FIRS	C. INSTALLATION'S EPA I.D. NO.  **NOTIFICATION**  B. SUBSEQUENT NOTIFICATION (complete item C)			
	ON OF HAZARDOUS WASTES erse of this form and provide the requested information.			

IX. DESCRIPTION OF HAZA	ARDOUS WASTES (co	ntinued from front)				
A. HAZARDOUS WASTES FROM waste from non-specific source				R Part 261.31 for	each listed hazardous	
8	2	3	4	5	6	
F 0 1 7	13 - 26 23	26 2	26 23	- 26	23 - 26	
7	8 23	9	10	11	12	1
B. HAZARDOUS WASTES FROM	SPECIFIC SOURCES. E	nter the four-digit nur	nber from 40 CFR Part	261,32 for each lis	sted hazardous waste fr	om
specific industrial sources your						
13	14	15	16	17	18	
	23 - 26 23	- 26 23		23	23 - 26	
19	20	21	22	23	24	1111
25	23 - 26 23	27 28 23	28	29	30	
23 - 26	23 - 26 23	- 26 23	- 26 23	- 26	23 - 26	
C. COMMERCIAL CHEMICAL PF stance your installation handles				OFR Part 261,33	for each chemical sub-	
31	32	33	34	35	36	
23 - 26	23 - 26 23	- 25 23	- 26 23	- 26	23 - 26	
37	38	39	40	41	42	
23 - 26						
43	44	45	46	47	48	
						-
23 - 26	23 - 26 23	- 26 23	- 26 23	26	23 - 26	
<ul> <li>D. LISTED INFECTIOUS WASTE hospitals, medical and research</li> </ul>				hazardous waste	from hospitals, veterina	ary
49	50	31	52	53	54	
E. CHARACTERISTICS OF NON-	23 - 26 23 -LISTED HAZARDOUS	- 26 23 WASTES. Mark "X" in	- 26 23 the boxes corresponding	g to the character	istics of non-listed	
hazardous wastes your installati	on handles. (See 40 CFR	Parts 261.21 — 261.24.				
D1. IGNITABLE	2. COI (D002)	RROSIVE	3. REACTIVE	(1	4. TOXIC	
X. CERTIFICATION		No. of the least o		THE REPORT OF THE PERSON NAMED IN		
I certify under penalty of leattached documents, and the I believe that the submitted mitting false information, inc	it based on my inquiry information is true, ac	v of those individual courate, and complet	ls immediately respon te. I am aware that the	sible for obtain	ning the information	2 6
SIGNATURE		NAME & OFFICIAL	TITLE (type or print)		DATE SIGNED	
M Cullet To	V. DAWE	Thomas W. Da Operations M			8/12/80	

EPA Form 8700-12 (6-80) REVERSE

ap